

02/21/02

JC887 U.S.

02-22-02

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

JC971 U.S. PTO
10/08/03 3

02/21/02

Attorney Docket No.	SJO920010155US1	(0105-0004)
First Inventor or Application Identifier:	Pinarbasi	
Title:	Method of Forming a Read Sensor Using a Lift-Off Mask Having a Hardmask Layer and a Release Layer	
Express Mail Label No.:	ET760373851US1	

Application Elements

(See MPEP chapter 600 concerning utility patent application contents)

ADDRESS TO: Assistant Commissioner For Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small>	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 24] <small>(preferred arrangement set forth below)</small>	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>
• Descriptive title of the Invention	a. <input type="checkbox"/> Computer Readable Copy
• Cross References to Related Applications	b. <input type="checkbox"/> Paper Copy (identical to computer copy)
• Statement Regarding Fed sponsored R&D	c. <input type="checkbox"/> Statement Verifying identity
• Background of the Invention	
• Brief Summary of the Invention	
• Brief Description of the Drawings (if filed)	
• Detailed Description	
• Claim(s)	
• Abstract of the Disclosure	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets 7]	
4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3]	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	8. <input checked="" type="checkbox"/> Assignment
b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> <small>[Note Box 5 below]</small>	9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small>
i. <input type="checkbox"/> Deletion of Inventor(s) <small>Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>	10. <input type="checkbox"/> English Translation Document (if applicable)
5. <input type="checkbox"/> Incorporation by Reference <small>(useable if Box 4b is checked)</small> <small>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</small>	11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (Form 1449) <input type="checkbox"/> Citations
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: <small>Prior application information: Examiner: Group/Art Unit:</small>	12. <input type="checkbox"/> Preliminary Amendment
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (CPEP 503) <small>(Should be specifically itemized)</small>
	14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement Status is still proper and desired
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>
	16. <input checked="" type="checkbox"/> OTHER: Express Mail Certification <input type="checkbox"/> Check # <input type="checkbox"/> (\$ <input type="checkbox"/>)

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number <input type="checkbox"/>			
Or Bar Code Label			
OR			
<input checked="" type="checkbox"/> Correspondence Address Below			
NAME		ATTN: John J. Oskorep	
ADDRESS		One Magnificent Mile Center 980 N. Michigan Avenue, Suite 1400 Chicago, Illinois 60611	
Telephone: 312-222-1860		Fax No.: 773-477-6144	
Name (print/type)		Registration No.: (Attorney/Agent) 41,234	
Signature		Date 21 Feb 2002	

JOHN J. OSKOREP, ESQ.
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FEE TRANSMITTAL

Attorney Docket No.	SJO920010155US1
First Named Inventor:	Pinarbasi
Application Number	not yet assigned
Filing Date:	not yet assigned
Examiner Name:	not yet assigned
Group/Art Unit:	not yet assigned

TOTAL AMOUNT OF PAYMENT:	\$ 740.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 090466 Deposit Account Name: International Business Machines Corporation</p> <p><input type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>

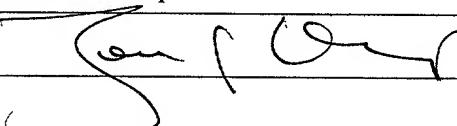
2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 740.00	\$370.00	\$ 740.00
Total Claims	20 - 20 =	0	X \$ 18.00	X \$ 9.00	\$ 0.00
Independent Claims	3 - 3 =	0	X \$ 84.00	X \$ 42.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)	0		\$ 280.00	\$140.00	\$ 0.00
Total of above Calculations =					\$ 740.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 330.00	\$ 165.00	\$ 0.00
Reissue filing fee	\$ 740.00	\$ 370.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 0.00
Total of above Calculations =			\$

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	John J. Oskorep	Registration No.: (Attorney/Agent)	41,234
Signature		Date	21 Feb 2002

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DATE OF DEPOSIT: 21 February 2002

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WASHINGTON, D.C. 20231.

John J. Oskorpp

NAME

John J. Oskorpp

SIGNATURE